PAGE 1 / 9

Image# 15970296471

**FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other	Than An Auth	norized Comm	ittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: If ty		12FE4M5	
UNIVERSAL HEALT	H SERVIO	CES EMPLOY	YEES' GOOD	GOVERN	MENT FU	ND
ADDRESS (number and street)	367 SOL	JTH GULPH ROAD				
Check if different						
than previously reported. (ACC)	KING O	F PRUSSIA			PA	19406
2. FEC IDENTIFICATION	NUMBER ▼	CIT	Y 🛦		STATE A	ZIP CODE ▲
C C00185520			S THIS EPORT X	NEW (N) <b>OR</b>	AN (A)	1ENDED
4. TYPE OF REPORT (Choose One)	(b) Mor Rep		20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		× Mar	20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report	(Q1) (a)		20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report	(Q2) (c)	12-Day PRE-Election	Primary (*		General	
October 15 Quarterly Report	(Q3)	Report for the:	Conventio		Special (	
January 31 Year-End Report	(YE)	Election	n on	/ D D /	Y    Y    Y    Y	in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)		30-Day  POST-Election  Report for the:	General (	30G)	Runoff (3	Special (30S)
Termination Repo	ort	Election	n on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period	02 01	2015	through	h 02	/ D D /	2015
I certify that I have examined	this Report a	and to the best of	my knowledge an	d belief it is tru	ie, correct and	d complete.
Type or Print Name of Treasu	rer Cheryl R	amagano				
Signature of Treasurer CH	neryl Ramagano		[Electronic	cally Filed]	Date 03	12 / 2015
NOTE: Submission of false, err	oneous, or inc	omplete information	may subject the p	person signing th	nis Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(;	a) Cash on Hand January 1, 2015		197965.69
(I	D) Cash on Hand at Beginning of Reporting Period	179176.63	
(0	c) Total Receipts (from Line 19)	5987.10	8842.40
(0	d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	185163.73	206808.09
Т	otal Disbursements (from Line 31)	8141.32	29785.68
F	eash on Hand at Close of deporting Period subtract Line 7 from Line 6(d))	177022.41	177022.41
th	ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND

R	eport Covering the Period: From: 02	01 2015	To: 02 28 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees  (i) Itemized (use Schedule A)	5126.94	5657.76
	(i) Itemized (use Schedule A)		
	(ii) Unitemized(iii) TOTAL (add	860.16	3184.64
	Lines 11(a)(i) and (ii)▶	5987.10	8842.40
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5987.10	8842.40
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other		
4-7	Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds  (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5987.10	8842.40
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5987.10	8842.40

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal	iotal fillo i office	Odiendai Teal-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	41.32	185.68
(b) Other Federal Operating		
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	41.32	185.68
. Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5100.00	26600.00
Independent Expenditures (use Schedule E)	0.00	0.00
. Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	3000.00	3000.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) i edelai oliale		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8141.32	29785.68
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8100.00	29600.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5987.10	8842.40
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5987.10	8842.40
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)					PAGE	:	6	OF	9	
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNIVERSAL HEALTH SERV	ICES EMPLOYEES' GOOD GOVER	RNMENT FUND
Full Name (Last, First, Middle Initial)  Mark Crawford  Mailing Address 5972 AXIS DRIVE		Date of Receipt
City Sparks	State Zip Code NV 89436	02 19 2015  Transaction ID : SA11AI.12662  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  UHS of DE  Receipt For:	Occupation CEO	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Alan B Miller  Mailing Address 57 Crosby Brown Road		Date of Receipt  02 19 2015
City Gladwyne	State Zip Code PA 19035	Transaction ID : SA11AI.12633  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer UHS of DE Receipt For:	Occupation Chairman and CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	
Full Name (Last, First, Middle Initial)  Cene WInters		Date of Receipt
Mailing Address PO Box 748		02 19 / Y = Y = Y = Y
City Bushland	State Zip Code TX 79102	Transaction ID : SA11AI.12645  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer UHS of Delaware Inc	Occupation CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	5126.94
TOTAL This Period (last page this line numb		5126.94

## S 17

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 7 OF 9
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.
	for each category of the Detailed Summary Page	` 21b	22 🗙 23 24 25 26
	Detailed Cultillary 1 age	27	28a 28b 28c 29 30b
Any information copied from such Reports and			
or for commercial purposes, other than using the	ne name and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
igrap UNIVERSAL HEALTH SERVI	JES EMPLOYEES GO	OD GOVER	KNMENT FUND
Full Name (Last, First, Middle Initial)			
A. FOR CONGRESS KEN CALV	ERT		Date of Disbursement
<del></del>			M M / D D / Y Y Y Y
Mailing Address PO Box 20123			02 17 2015
City	State Zip Code		
Riverside	CA 92516		Transaction ID : SB23.12667
Purpose of Disbursement			
0 III . N			Amount of Each Disbursement this Period
Candidate Name		Category/	2600.00
Office Sought:   House   Dis	bursement For: 2015	Туре	7
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 44			
Full Name (Last, First, Middle Initial)			
B. MAJORITY COMMITTEE PAG	CMC PAC		Date of Disbursement
Mailing Address D.O. DOV 40404			02 24 2015
Mailing Address P.O. BOX 10134			02 24 2015
City	State Zip Code		Transaction ID : SB23.12675
BAKERSFIELD	CA 93389		Transaction is . Obzo.12070
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dispursement this Feriou
		Category/ Type	2500.00
Office Sought: House Dis	bursement For: 2015		
Senate	Y Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Country	homeonia Fra	Туре	
Office Sought: House Dis	bursement For:  Primary General		
President	Other (specify)		
State: District:	(opoo)/ <b>\</b>		
SUBTOTAL of Disbursements This Page (opti	onal)		5100.00
		<u> </u>	5400.00
TOTAL This Period (last page this line number	r only)		5100.00

## S ľ

Use separate schedule(s) by Check only one)   Disbursement   Di	SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 8 OF 9
Detailed Summary Page 27 28 28 28 28 20 20 20 30b  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contributions or for commercial purposes, other than using the name and address of any political committee to solict orientations from such commercial purposes, other than using the name and address of any political committee to solict orientations from such commercial purposes, other than using the name and address of any political committee to solict orientations from such commercial purposes, other than using the name and address of any political committee to solict orientations or such commercial purposes of solicting contributions from such commercial purposes, other than using the name and address of any political commitments.  NAME OF COMMITTEE (In Full)  NAMITERIAL HOLD IN THE RIGHER OF A STATE OF THE RIGHER OF THE RIGH	ITEMIZED DISBURSEMENTS		1 ` —		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Pall)  UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND  Full Name (Last, First, Middle Initial)  A. Matt Hudson Campaign  Mailing Address 17 Pine Ridge Road  ### State  Candidate Name  Cardidate Name  Cardidate Name  Cardidate Name  Corrid Cables  Prince of Disbursement Hore 2015  State: District  Full Name (Last, First, Middle Initial)  ### President  Candidate Name  Cardidate Name  Card			1 📖		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Pall)  UNIVERSAL HEALTH SERVICES EMPLOYEES' GOOD GOVERNMENT FUND  A. Matth Hudson Campaign  Mailing Address 617 Pine Ridge Road  ### A330  City  State Zip Code PL 34119  Purpose of Disbursement  Candidate Name  Catogopy/ Type  President  State: Disbursement For: 2015  Senate Primary General District  Full Name (Last, First, Middle Initial)  Popole in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City  Crail Gables  Full Name (Last, First, Middle Initial)  Popole in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City  Office Sought: House Senate Primary General Disbursement  Candidate Name  Catogopy/ Type  Office Sought: House Senate Primary General Disbursement  Disbursement For: 2015  State  Primary General Disbursement  Transaction ID: \$829.12679  Amount of Each Disbursement  Transaction ID: \$829.12679  Amount of Each Disbursement  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City  State Zip Code FL 333407  Purpose of Disbursement  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code FL 33407  Purpose of Disbursement  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code FL 33407  Purpose of Disbursement  Transaction ID: \$829.12677  Amount of Each Disbursement  Transaction ID: S829.12677  Amount of Each Disbursement  Disbursement His Period  Office Sought: House Primary General Disbursement  Disb					
Full Name (Last, First, Middle Initial)  A. Matt Hudson Campaign  Mailing Address 517 Pine Ridge Road  #350  City State Zp Code Rappose of Disbursement  Candidate Name  Category' State: District:  Full Name (Last, First, Middle Initial)  B. People in Need of Government Accountability  Mailing Address 96 Merrick Way Suite 250  City State: Disbursement  Candidate Name  Condidate N					
A. Matt Hudson Campaign  Mailing Address 617 Pine Ridge Road  #350  City State Zip Code FL 34119  Purpose of Disbursement  Candidate Name  Control State: District:  Full Name (Last, First, Middle Initial)  B. People in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City State: District:  Full Name (Last, First, Middle Initial)  Cord Gables FL 33134  Purpose of Disbursement  Candidate Name  Cord Gables FL 33134  Purpose of Disbursement  Candidate Name  Condidate Name  Condida	1 \				
Mailing Address 617 Pine Ridge Road #350 City State Zip Code Naples FL 34119 Purpose of Disbursement  Full Name (Last, First, Middle Initial) Candidate Name  Cord Gables FL 33134 Purpose of Disbursement  District:  Full Name (Last, First, Middle Initial) CTreasure Coast Alliance  Mailing Address 5730 Corporate Way #214 City West Palm Beach Full Name (Last, First, Middle Initial) CTreasure Coast Alliance  Mailing Address 5730 Corporate Way #214 City Code President Candidate Name  Category'  Disbursement  Disbursement For: 2015  Primary General	UNIVERSAL HEALTH SERVICES	EMPLOYEES' GOO	DD GOVER	RNMENT FUND	)
Mailing Address 617 Pine Ridge Road #350 City Naples FL 34119 Purpose of Disbursement Candidate Name Office Sought:   House   Disbursement For: 2015   Senate   President   State:   Disbursement   Purpose of Disbursement   Transaction ID: SB29.12673  Amount of Each Disbursement this Period    Date of Disbursement   Disb	Full Name (Last, First, Middle Initial)				
Mailing Address 617 Pine Ridge Road #350 City #350 City State Zip Code Naples FL 34113 Purpose of Disbursement Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate President State: Disbursement For: 2015 State: District: Full Name (Last, First, Middle Initial)  People in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250 City State Zip Code Coral Gables FL 33134 Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Transaction ID: \$829.12673  Amount of Each Disbursement  Date of Disbursement  Transaction ID: \$829.12679  Amount of Each Disbursement  Date of Disbursement  Transaction ID: \$829.12679  Amount of Each Disbursement  Transaction ID: \$829.12679  Amount of Each Disbursement  Transaction ID: \$829.12679  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: \$829.12679  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: \$829.12679  Transaction ID: \$82	A. Matt Hudson Campaign			Date of Disbursem	
City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Disbursement For: 2015  Senate Primary General  Other (specify) ▼  State: Disbursement  Category/ Type  Transaction ID: SB29.12673  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Transaction ID: SB29.12673  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Transaction ID: SB29.12673  Amount of Each Disbursement  Date of Disbursement  Transaction ID: SB29.12673  Amount of Each Disbursement  Transaction ID: SB29.12679  Transaction ID: SB29.12679  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Transaction ID: SB29.12677  Transaction ID: SB29.12677  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12679	Mailing Address 617 Pine Ridge Road				
Naples Purpose of Disbursement  Cardidate Name  Category/ Type  Office Sought: House Senate President Other (specify) ▼  State: Disbursement Accountability  Mailing Address 95 Merrick Way Suite 250  City State Zip Code Cardidate Name  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Transaction ID : SB29.12673  Amount of Each Disbursement this Period  Date of Disbursement  Transaction ID : SB29.12679  Amount of Each Disbursement  Date of Disbursement  Transaction ID : SB29.12679  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12679  Amount of Each Disbursement this Period  Category/ Type  Disbursement  Category/ Type  Transaction ID : SB29.12679  Amount of Each Disbursement this Period  Disbursement Tor: 2015  Senate Primary General Disbursement  Category/ Type  Date of Disbursement  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Disbursement Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Disbursement Transaction ID : SB29.12677  Amount of Each Disbursement Transaction ID : SB29.12677  Amount of Each Disbursement Transaction ID : SB29.12677  Amount of Each Disbursement Transaction ID : SB29.12677				V2 20	20,0
Naples Purpose of Disbursement Candidate Name  Category/ Office Sought:  House Senate President State: District:  Full Name (Last, First, Middle Initial)  B. People in Need of Government Accountability  Maling Address 95 Merrick Way Suite 250  City Coral Gables FL State Condidate Name  Category/ Type  Disbursement  Candidate Name  Category/ Type  Disbursement  Candidate Name  Category/ Type  Disbursement  Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Type  Disbursement  Category/ Type  Disbursement  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Maling Address 5730 Corporate Way #214  City West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Maling Address 5730 Corporate Way #214  City West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Disbursement  State: District:  Substortal of Disbursement This Page (optional)		·		Transaction ID ·	SR20 12673
Cardidate Name  Category/ Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  B. People in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City State Zip Code Coral Gables FL 33134  Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Disbursement For: 2015  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 95 Merrick Way Suite 250  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period	•	FL 34119		Transaction ib .	3B29.12073
Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  People in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City State Zip Code Coral Gables FL 33134  Purpose of Disbursement  Category/ Type  Transaction ID : SB29.12679  Amount of Each Disbursement this Period  Transaction ID : SB29.12677  Amount of Each Disbursement  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Malling Address 5730 Corporate Way #214  City State Zip Code Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement For: 2015  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Transaction ID : SB29.12677  Amount of Each Disbursement this Period	Purpose of Disbursement			Amount of Each D	ishursoment this Period
Office Sought: House Senate President State: District: Senate President State: District: Senate President State: District: Senate President State: District: State: District: D	Candidate Name			Amount of Lacif D	isbursement this renou
Office Sought:					1000.00
State: District: Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. People in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City State Zip Code Coral Gables FL 33134  Purpose of Disbursement  Candidate Name Clast, First, Middle Initial)  Candidate Name Disbursement For: 2015  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.12677	Office Sought: House Disburse	ment For: 2015	,,	,	,
State: District: Full Name (Last, First, Middle Initial)  B. People in Need of Government Accountability  Mailing Address g5 Merrick Way Suite 250  City Suite 250  City Coral Gables FL 33134  Purpose of Disbursement  Candidate Name  Category/ Type  Other (specify)   Other (specify)   West Palm Beach FL 33407  Purpose of Disbursement  Category/ Type  Date of Disbursement  Transaction ID : \$B29.12679  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Date of Disbursement  Transaction ID : \$B29.12679  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID : \$B29.12677  Transaction ID : \$B29.12677  Transaction ID : \$B29.12677  Transaction ID : \$B29.12677  Amount of Each Disbursement  Category/ Type  Other (specify)   Other (specify)   Other (specify)   Other (specify)   Subtrotal of Disbursement This Page (optional)					
B. People in Need of Government Accountability  Mailing Address gs Merrick Way Suite 250  City State Zip Code Coral Gables FL 33134  Purpose of Disbursement  Candidate Name  Disbursement For: 2015  Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Disbursement For: 2015  State Zip Code Wast Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Transaction ID: SB29.12679  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Senate President Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)		Other (specify) ▼			
B. People in Need of Government Accountability  Mailing Address 95 Merrick Way Suite 250  City State Zip Code FL 33134  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach FL 33407  Purpose of Disbursement For: 2015  West Palm Beach FL 33407  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Transaction ID: SB29.12679  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.12679  Amount of Each Disbursement For: 2015  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Substortal of Disbursement For: 2015  Senate President State: District:					
Mailing Address 95 Merrick Way Suite 250  City Coral Gables FL 33134  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2015 Senate President State:  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Transaction ID: SB29.12677  Transaction ID: SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Senate President State: District:  Subtrottal of Disbursements This Page (optional)	· · · · · · · · · · · · · · · · · · ·	ecountability		Date of Disbursem	ent
Mailing Address 95 Merrick Way Suite 250  City Coral Gables FL 33134  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2015 Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Disbursement  Date of Disbursement  Transaction ID: SB29.12679  Amount of Each Disbursement this Period  Date of Disbursement  Transaction ID: SB29.12677  Transaction ID: SB29.12677  Amount of Each Disbursement  Date of Disbursement  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: 2015 Senate President Senate President Senate Primary General Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)	2. Feople in Need of Government Ac	Courtability			
Coral Gables FL 33134 Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) Transaction ID: SB29.12677  Bale Disbursement this Period  Category/ Type  Date of Disbursement  Transaction ID: SB29.12677  Date of Disbursement  Date of Disbursement  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Category/ Type  Category/ Type  Disbursement this Period  Category/ Type  Disbursement this Period  Category/ Type  Senate Primary General Other (specify) Type  State: District:  SUBTOTAL of Disbursements This Page (optional)	The state of the s				
Coral Gables FL 33134 Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2015 Senate President State:  District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Disbursement  Candidate Name  Candidate Name  Disbursement For: 2015  Primary Other (specify) ▼  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Subtrotal of Disbursements This Page (optional)				Transaction ID :	SB29.12679
Candidate Name  Category/ Type  Office Sought:  House Senate President State:  Disbursement For: 2015 Senate President State:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Transaction ID: SB29.12677  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.12677  Amount of Each Disbursement  SB29.12677  Amount of Each Disbursement this Period  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Senate President State:  District:  SUBTOTAL of Disbursements This Page (optional)		FL 33134			
Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate President Senate President State: District:  Substortal of Disbursements This Page (optional)	Fulpose of Disbulsement			Amount of Each D	isbursement this Period
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate President Senate President State: District:  Substortal of Disbursements This Page (optional)	Candidate Name		Category		
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate President State: District:  State: District:  Subtrotal of Disbursements This Page (optional)					1000.00
State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2015 Senate President State: District:  Subtrotal of Disbursements This Page (optional)					
State: District:  Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City West Palm Beach Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House President State: District:  Substock Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  State: District:  Substock Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  State: District:  Substock Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  3000.00					
Full Name (Last, First, Middle Initial)  C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code FL 33407  Purpose of Disbursement  Candidate Name  Candidate Name  Oz 20 2015  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate President State: District:  Subtrotal of Disbursements This Page (optional)		Other (specify)			
C. Treasure Coast Alliance  Mailing Address 5730 Corporate Way #214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  Subtotal of Disbursement  Date of Disbursement  Transaction ID: SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Subtotal of Disbursement  3000.00					
Mailing Address 5730 Corporate Way #214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Category/ Type  Disbursement For: 2015  Senate Primary General Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)	,			Date of Disbursem	ent
#214  City State Zip Code West Palm Beach FL 33407  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President President  State: District:  Subtrotal of Disbursements This Page (optional)				M M / D D	/ Y Y Y Y Y
City West Palm Beach Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Senate President State: District:  Substrict:  Substrict:  Transaction ID : SB29.12677  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  3000.00				02 20	2015
West Palm Beach Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Senate President State:  District:  Substrict:  Substrict:  Substrict:  Substrict:  Primary General Other (specify)  3000.00		State Zip Code			
Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  1000.00  Office Sought: House Senate Primary General Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)	West Palm Beach			Transaction ID :	SB29.12677
Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2015 Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: 2015 Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Candidata Nama			Amount of Each D	isbursement this Period
Office Sought: House Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Candidate Name				1000.00
Senate President Other (specify) V  State: District:  SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburse	ment For: 2015	Турс		
State: District:  SUBTOTAL of Disbursements This Page (optional)					
SUBTOTAL of Disbursements This Page (optional)	President	Other (specify) ▼			
2000 00	State: District:				
2000 00					3000 00
TOTAL This Period (last page this line number only)	SUBTUTAL of Disbursements This Page (optional).		······		3000.00
	TOTAL This Period (last page this line number only	·)			3000.00

### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	9	С	F	9	
FOR L	INE	21a	OF	FORM	3X

NAME OF COMMITTEE (In Full)

U	INIVERSAL HEALTH SERVICE	2 EINILL	JILLS GO	JD GOVER	VININIE IN I TOIND
A.	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.12666		Allocated Activity or Event:
	Wells Fargo Bank				Administrative Fundraising Exempt
	Mailing Address PO Box 63020				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	San Francisco Purpose of Disbursement:	CA	94163		Allocated Activity or Event Year-To-Date
					185.68
	Activity or Event Identifier: Administrative			Category/	M = M / D = D / Y = Y = Y
	Administrative			Type	Date 02 11 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7	41.32	41.32
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	ruipose oi Dispuisement.				
	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
C.	FEDERAL SHARE  Full Name (Last, First, Middle Initial)		NONFEDERAL	SHARE	TOTAL AMOUNT  Allocated Activity or Event:
<u>C</u> .	Full Name (Last, First, Middle Initial)	<u>+</u>	NONFEDERAL	SHARE	
<u>C</u> .			NONFEDERAL	SHARE	Allocated Activity or Event:
c.	Full Name (Last, First, Middle Initial)	+ State	NONFEDERAL  Zip Code	SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City		7 1 7	SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
C.	Full Name (Last, First, Middle Initial)  Mailing Address		7 1 7	SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City		7 1 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 1 7	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 1 7	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State +	Zip Code  NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal	State +	Zip Code  NONFEDERAL  is Page	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Date TOTAL AMOUNT
sı	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  0.00	State  + al Activity Th +	Zip Code  NONFEDERAL  The state of the state	Category/ Type SHARE SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  41.32
sı	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	State  + al Activity Th +	Zip Code  NONFEDERAL  The state of the state	Category/ Type SHARE 41.32 NonFederal sh	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  41.32
sı	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  0.00  DTAL This Period (last page for each line only)	State  + al Activity Th +	Zip Code  NONFEDERAL  is Page NONFEDERAL  are to 21(a)(i) and	Category/ Type SHARE 41.32 NonFederal sh	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  41.32  are to 21(a)(ii))